



Student ID

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# Reinstatement from Withdrawal Form

## Student Information

Name Last	First	MI	Date
Course Name	Course Prefix & Number		Credit Hours
Instructor's Name			

Justification for Reinstatement: \_\_\_\_\_

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Instructor's Signature	Date
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This is to acknowledge that I \_\_\_\_\_ requested/agreed to be reinstated to the above-mentioned course. I am aware that if I choose to stop attending, it is my responsibility to fill out the proper paper work in order to be withdrawn from the course. After being reinstated, I understand that if the last day to withdraw has passed, I will receive a grade (A, B, C, D, or F) for the course.

Student Signature	Date
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**Return the completed form to Student Services in the Jack Hunt Campus Center**  
 137 S. Post Road, Shelby, NC  
 Phone: (704) 669-4081; Fax: (704) 669-4204  
 Website: www.clevelandcc.edu

### OFFICE USE ONLY

Received By:	Date:
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